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CONFIRMATION NO. 3048

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/811,839	03/30/2004	514	1615	51275/151

APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ****
06/07/2004

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance /CH/ Initials	STATE OR COUNTRY MA	SHEETS DRAWINGS 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Anti-inflammatory composition for treating pelvic endometriosis

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit